

**STATE OF CONNECTICUT - MILITARY DEPARTMENT
AMERICAN RECOVERY AND REINVESTMENT ACT
REPORTING REQUIREMENTS
CONTRACTOR QUARTERLY REPORT**

CTMD1065A

Revised 02/24/2010

PAGE

OF

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2

PAGES

(See instructions on page 2)

1. DATE OF THIS REPORT		2. PROJECT NUMBER (FROM AWARING ENTITY)	
3. PERIOD COVERED BY THIS REPORT <div style="display: flex; justify-content: space-between;"><div>FROM (month, day, year)</div><div>TO (month, day, year)</div></div>		4. PROJECT LOCATION	
5. LEGAL NAME OF SUBRECIPIENT / CONTRACTOR (AS REGISTERED IN THE CENTRAL CONTRACTOR REGISTRATION - www.ccr.gov)			
6. PHYSICAL LOCATION AS LISTED IN CENTRAL CONTRACTOR REGISTRATION (CCR)			
a. Number and Street:		b. City:	
c. State:		d. Zip Code:	
7. SUB-RECIPIENT/CONTRACTOR EMAIL ADDRESS		8. SUB-RECIPIENT/CONTRACTOR PHONE NUMBER	
9. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER OR CENTRAL CONTRACTOR REGISTRATION NUMBER			
10. RECIPIENT CAPACITY			
a. <input type="checkbox"/> SUB-RECIPIENT <input type="checkbox"/> CONTRACTOR			
b. SUBRECIPIENT/CONTRACTOR TYPE (Check One):			
<input type="radio"/> A. State Government		<input type="radio"/> D. Individual	
<input type="radio"/> B. County Government		<input type="radio"/> E. For-Profit Organization (Other than Small Business)	
<input type="radio"/> C. City or Township Government		<input type="radio"/> F. Small Business	
11. A BRIEF DESCRIPTION OF THE TYPES OF JOBS CREATED AND JOBS RETAINED IN THE UNITED STATES & OUTLYING AREAS:			
12. AN ESTIMATED NUMBER OF JOBS CREATED AND JOBS RETAINED IN THE UNITED STATES & OUTLYING AREAS:			
a. Created (Full Time Equivalents - FTE's)		b. Retained (Full Time Equivalents - FTE's)	
13. PROVIDE THE NAMES AND COMPENSATION AMOUNTS OF THE FIVE (5) MOST HIGHLY COMPENSATED OFFICERS OF THE ENTITY:			
NAME:		AMOUNT:	
1) _____		\$ _____ -	
2) _____		\$ _____ -	
3) _____		\$ _____ -	
4) _____		\$ _____ -	
5) _____		\$ _____ -	
14. PROJECT START DATE		REPORT SUBMITTED BY:	
15. PROJECT STATUS:		TITLE:	
<input type="checkbox"/> NOT STARTED		SIGNATURE: _____ DATE: _____	
<input type="checkbox"/> LESS THAN 50% COMPLETED			
<input type="checkbox"/> COMPLETED 50% OR MORE			
<input type="checkbox"/> FULLY COMPLETED			

**STATE OF CONNECTICUT - MILITARY DEPARTMENT
AMERICAN RECOVERY AND REINVESTMENT ACT
REPORTING REQUIREMENTS
CONTRACTOR MONTHLY REPORT**

CTMD1065A

Revised 07/31/2009

PAGE 2 OF 2 PAGES

PLEASE RETURN YOUR COMPLETED FORM TO:

STATE OF CONNECTICUT - MILITARY DEPARTMENT

360 BROAD STREET

HARTFORD, CT 06105

FAX: (860) 548-3247

OR EMAIL TO:

maty.lara@po.state.ct.us

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 7 and 8 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry |
|------|--|
| 2. | Number assigned by Granting Agency or Contracting Entity |
| 4. | Physical location of primary performance. |
| 5. | Legal name of subrecipient/ contractor as registered in the Central Contracting Registration (CCR). CCR can be accessed at http://www.ccr.gov |
| 6. | Physical location of subrecipient as registered in the Central Contractor Registration. For Congressional District, use 2 characters State Abbreviation - 3 characters District Number, e.g., CT-002 for Connecticut 2nd district. |
| 9. | Data Universal Numbering System (DUNS) number or Central Contractor Registration plus 4 extended DUNS number. This unique nine-digit number issued by Dunn & Bradstreet followed by the optional 4 digit DUNS Plus number. All contractors must have a DUNS number as noted by the Federal ARRA Reporting Requirements. DUNS number can be obtained at http://fedgov.dnb.com/webform |
| 10. | a. Select whether Sub-Recipient or Contractor.
b. Select primary category from the provided list. |
| 11. | Provide a brief narrative description of the employment impact of the Recovery Act funded work. Jobs or positions created means an estimate of those new positions that are filled, as a result of Recovery Act funding. Jobs or positions retained means an estimate of those previously existing filled positions that are retained as a result of the Recovery Act funding. |
| 12. | At a minimum, this estimate should include any new positions created and any existing filled positions that were retained to support or carry out Recovery Act projects or activities managed by the subrecipient. This number should be expressed as "full-time equivalent" (FTE), calculated cumulatively as all hours worked divided by the total number of hours in a full-time schedule, as defined by the subrecipient. Example:

$\frac{40 \text{ hours in full-time week} \times 13 \text{ weeks/quarter} = 520 \text{ Total Quarterly Hours (Scheduled Hours)}}{40 \text{ hours is the normal work week performed by the subrecipient, then:}}$
$40 \text{ hours worked} \times 13 \text{ weeks/quarter} = 520 \text{ Total Hours Worked.}$
$\frac{\text{Divide the number of hours worked}}{\text{by the number of scheduled hours}} = \frac{520 \text{ Hours Worked}}{520 \text{ Scheduled Hours}} = 1.0 \text{ FTE}$ |
| 13. | For State Reporting Requirements: Provide the names and compensation amounts of the five (5) most highly compensated officers of the subrecipient organization.

For Federal Reporting Requirements: Provide the names and compensation amounts of the five (5) most highly compensated officers of the subrecipient organization if: (1) the recipient in the preceding fiscal year received -- (a) 80% or more of its annual gross revenues in Federal awards; and (b) \$25,000,000 or more in annual gross revenues from Federal Awards; and (2) the public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986 [26 USCS § 6104]. Total compensation means the cash and noncash dollar value earned by the executive during the subrecipient's past fiscal year (for more information see 17 CFR 229.402(c)(2)) |
| 14. | Date project started. Date actual work began. |
| 15. | Completion Status of the project. |